

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA		12-30-01
O.I.P.E. CLASSIFIER		12	1-1-01
FORMALITY REVIEW	91		1-1-01
RESPONSE FORMALITY REVIEW	SAH m	1201 701	12-12-01 4-1-02

INDEX OF CLAIMS

..... Rejected  
 ..... Allowed  
 (Through numeral)..... Canceled  
 ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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12-30-01  
 1-1-01  
 1-1-01  
 12-12-01  
 4-1-02